

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90026 044 ***150.00

DOCUMENT # F95000000368

1. Entity Name

FUND RAISING AND MANAGEMENT COUNSEL, INC.



Principal Place of Business

**2900 CHAMBLEE-TUCKER DR
BLDG 16
ATLANTA GA 30341**

Mailing Address

**2900 CHAMBLEE-TUCKER DR
BLDG 16
ATLANTA GA 30341**

2. Principal Place of Business

**1955 CLIFF VALLEY Way
Suite, Apt. #, etc.
Suite 200**

3. Mailing Address

**1955 CLIFF VALLEY Way
Suite, Apt. #, etc.
Suite 200**

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30329

Country

USA

Zip

30329

Country

USA

4. FEI Number

57-0846432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUCHEMIN, CLAIRE A
3837-A KILLEARN COURT
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPT ☐ Delete
NAME DORADO, JANET
STREET ADDRESS 1439 SHERIDAN WALK NE
CITY-ST-ZIP ATLANTA GA 30324

TITLE CVS ☐ Delete
NAME KELLY, DOUG
STREET ADDRESS 1304 SHERIDAN ROAD
CITY-ST-ZIP ATLANTA GA 30324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANET DORADO - JANET DORADO

3/12/04 (404)634-4334

Date

Daytime Phone #